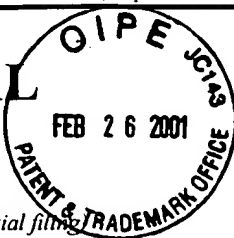


**TRANSMITTAL  
FORM**

(to be used for all correspondence after initial filing)



Application Number	09/711,113
Filing Date	NOVEMBER 9, 2000
First Named Inventor	EARL GOODRICH II, ET AL
Group Art Unit	2681
Examiner Name	NOT YET KNOWN
Total Number of Pages in this Submission	4
Attorney Docket Number	IDF 1496 (4000-02200)

**ENCLOSURES (check all that apply)**

<input type="checkbox"/> <b>Fee Transmittal Form</b> <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment/Response <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Documents <input type="checkbox"/> Response to Missing Parts/ Incomplete Application <input type="checkbox"/> <b>Response to Missing Parts          under 37 CFR 1.52 or          1.53</b>	<input type="checkbox"/> Assignment Papers (for an Application) <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> <b>Additional Enclosure(s)          (please identify below):          Request for Corrected Filing Receipt;          Acknowledgement Postcard</b>
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**REMARKS:****SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT**

Firm or Individual Name	ALBERT C. METRAILER, REGISTRATION NO. 27,145 CONLEY, ROSE & TAYON, P. C.		
Signature	<i>Albert C. Metrailer</i>		
Date	FEBRUARY 23, 2001		

**CERTIFICATE OF MAILING**

I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to Assistant Commissioner for Patents, Office of Initial Patent Examination, Customer Service Center, Washington, D.C. 20231 on this date: February 23, 2001			
Type or printed name	Teresa Ryan		
Signature	<i>Teresa Ryan</i>	Date	February 23, 2001



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicants: Earl Goodrich II, et al.  
Serial No.: 09/711,113  
Filed: November 9, 2000  
For: Backplane Utopia Bus

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GROUP ART UNIT: 2681

EXAMINER: Not Yet Known

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February 23, 2001  
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Teresa Ryan

REQUEST FOR CORRECTED FILING RECEIPT

Atty. Dkt. No.: IDF 1496 (4000-02200)

Date: February 23, 2001

Sir:

Attached is a copy of the official Filing Receipt received from the PTO in the above application for which issuance of a corrected filing receipt is respectfully requested. The Filing Receipt is in error because it indicates there is only one independent claim. The specification as filed contains two independent claims which are claims number 1 and number 5.

The correction requested is not due to any error by applicant and no fee is due.

Respectfully submitted,

Albert C. Metrailler

Albert C. Metrailler

Reg. No. 27,145

Conley, Rose & Tayon, P.C.

5800 Granite Parkway, Suite 400

Plano, Texas 75204

(972) 731-2288

ATTORNEY FOR APPLICANT



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APPLICATION NUMBER	FILING DATE	GRP ART UNIT	FIL FEE REC'D	ATTY. DOCKET NO.	DRAWINGS	TOT CLAIMS	IND CLAIMS
09/711,113	11/09/2000	2681	710	Sprint IDF 1496	2	7	(1)

21396  
SPRINT COMMUNICATIONS COMPANY  
HARLEY R BALL  
8140 WARD PARKWAY 5W  
KANSAS CITY, MO 64114



FILING RECEIPT



\*OC000000005724942\*

Date Mailed: 02/01/2001

Receipt is acknowledged of this nonprovisional Patent Application. It will be considered in its order and you will be notified as to the results of the examination. Be sure to provide the U.S. APPLICATION NUMBER, FILING DATE, NAME OF APPLICANT, and TITLE OF INVENTION when inquiring about this application. Fees transmitted by check or draft are subject to collection. Please verify the accuracy of the data presented on this receipt. If an error is noted on this Filing Receipt, please write to the Office of Initial Patent Examination's Customer Service Center. Please provide a copy of this Filing Receipt with the changes noted thereon. If you received a "Notice to File Missing Parts" for this application, please submit any corrections to this Filing Receipt with your reply to the Notice. When the PTO processes the reply to the Notice, the PTO will generate another Filing Receipt incorporating the requested corrections (if appropriate).

Applicant(s)

Earl Goodrich II, Lansing, MI ;  
Christopher M. Tumas, Brooklyn, MI ;

Continuing Data as Claimed by Applicant

Foreign Applications

If Required, Foreign Filing License Granted 01/31/2001

Title

Backplane utopia bus

Preliminary Class

453

Data entry by : TYSON, LASHONNAH

Team : OIPE

Date: 02/01/2001



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Bib Data Sheet

CONFIRMATION NO. 6434

<b>SERIAL NUMBER</b> 09/711,113	<b>FILING DATE</b> 11/09/2000 <b>RULE</b>	<b>CLASS</b> 453	<b>GROUP ART UNIT</b> 2681	<b>ATTORNEY DOCKET NO.</b> Sprint IDF 1496
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**APPLICANTS**
 Earl Goodrich II, Lansing, MI;  
 Christopher M. Tumas, Brooklyn, MI;

\*\* CONTINUING DATA \*\*\*\*\*

\*\* FOREIGN APPLICATIONS \*\*\*\*\*

**IF REQUIRED, FOREIGN FILING LICENSE**  
**GRANTED \*\* 01/31/2001**

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY MI	SHEETS DRAWING 2	TOTAL CLAIMS 7	INDEPENDENT CLAIMS 2
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no Met after Allowance				
Verified and Acknowledged	Examiner's Signature	Initials		

**ADDRESS**

21396

**TITLE**

Backplane utopia bus

<b>FILING FEE RECEIVED</b> 710	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees
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